



**GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, OFFICE OF VITAL STATISTICS**



**CERTIFICATE OF DIVORCE, DISSOLUTION
OF MARRIAGE OR ANNULMENT**

FILE NUMBER

SPOUSE #1	1. NAME <i>(First, Middle, Last)</i>			
	2. RESIDENCE-CITY, TOWN OR LOCATION		2b. COUNTY	
	2c. STATE	3. BIRTHPLACE <i>(State or Foreign Country)</i>	4. DATE OF BIRTH <i>(Month, Day, Year)</i>	
SPOUSE #2	5a. NAME <i>(First, Middle, Last)</i>		5b. MAIDEN NAME	
	6a. RESIDENCE-CITY, TOWN OR LOCATION		6b. COUNTY	
	6c. STATE	7. BIRTHPLACE <i>(State or Foreign Country)</i>	8. DATE OF BIRTH <i>(Month, Day, Year)</i>	
MARRIAGE	9a. PLACE OF THIS MARRIAGE-CITY, TOWN OR LOCATION	9b. COUNTY	9c. STATE OR FOREIGN COUNTRY	10. DATE OF THIS MARRIAGE <i>(Month, Day, Year)</i>
	11. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD <i>(Month, Day, Year)</i>	12. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 11	13. PETITIONER _____ Spouse #1 _____ Spouse #2 _____ Other <i>(Specify)</i> _____	
ATTORNEY	14a. NAME OF PETITIONER'S ATTORNEY <i>(Type/Print)</i>		14b. ADDRESS <i>(Street and Number or Rural Route Number, City or Town, State, Zip Code)</i>	
DECREE	15. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: <i>(Month, Day, Year)</i>		16. TYPE OF DECREE – Divorce, Dissolution, or Annulment <i>(Specify)</i>	17. DATE RECORDED <i>(Month, Day, Year)</i>
	18. NUMBER OF CHILDREN UNDER 18 WHOSE PHYSICAL CUSTODY WAS AWARDED TO: Spouse #1 _____ Spouse #2 _____ Joint _____ Other _____ <input type="checkbox"/> No Children		19. COUNTY OF DECREE	20. LEGAL GROUNDS
	21. SIGNATURE OF CERTIFYING OFFICIAL		22. TITLE OF CERTIFYING OFFICIAL	23. DATE SIGNED <i>(Month, Day, Year)</i>

CONFIDENTIAL INFORMATION. THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD

	24. NUMBER OF THIS MARRIAGE (First, Second, etc.) <i>(Specify below)</i>	25. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED		26. RACE – American Indian, Black, White, etc. <i>(Specify below)</i>	27. EDUCATION <i>(Specify only highest grade completed)</i>	
		By Death, Divorce, Dissolution or Annulment <i>(Specify below)</i>	Date <i>(Month, Day, Year)</i>		Elementary/Secondary (0-12)	College (1-4 or 5+)
SPOUSE #1	24a.	25a.	25b.	26a.	27a.	
SPOUSE #2	24b.	25c.	25d.	26b.	27b.	